

REIMBURSEMENT OR ADVANCE OF FUNDS AGREEMENT

| | | | | | | | | | | | | | | | |
|---|-----------|----------------------------------|---------------------------|----------------------------|------|-------------------------|---|--|----------------------|-----|-------------------|------------------|-------------------|--------------|--|
| 1 AGREEMENT NUMBER (25) | | | | 2 FISCAL YEAR (4) | | 3 ESTIMATED AMOUNT (11) | | | 4 AGY. BILL IND. (1) | | 5 TRANS. CODE (1) | | 6 ACTION CODE (1) | | |
| 7 AGENCY REQUESTING SERVICE | | | | | | | | 8 AGENCY PERFORMING SERVICE | | | | | | | |
| NAME (32) | | | | | | | | NAME (32) | | | | | | | |
| 1ST LINE ADDRESS (32) | | | | | | | | 1ST LINE ADDRESS (32) | | | | | | | |
| 2ND LINE ADDRESS (32) | | | | | | | | 2ND LINE ADDRESS (32) | | | | | | | |
| CITY (21) | | | | STATE (2) | | ZIP CODE (9) | | CITY (21) | | | | STATE (2) | | ZIP CODE (9) | |
| 9 SERVICES TO BE PERFORMED <i>(Give brief explanation and basis for determining cost of services. Attach additional sheet if needed.)</i> | | | | | | | | | | | | | | | |
| 10 LIST REFERENCES TO CORRESPONDENCE RELATIVE TO THIS WORK <i>(Requesting agency only.)</i> (50) | | | | | | | | | | | | | | | |
| 11 DURATION OF AGREEMENT | | | | | | | | 12 METHOD OF PAYMENT | | | | | | | |
| EFFECTIVE DATE <i>(From)</i> | | | | CONTINUING THROUGH | | | | REIMBURSEMENT | | | | ADVANCE OF FUNDS | | | |
| | | | | | | | | BILLING FREQUENCY | | | | TYPE OF ACCOUNT | | | |
| 13 FINANCING <i>(REQUESTING AGENCY - WHEN NOT SERVICED BY NFC)</i> | | | | | | | | | | | | | | | |
| APPROPRIATION SYMBOL AND TITLE | | | | | | | | PROJECT, ALLOTMENT, OR WORKPLAN NO. <i>(As applicable)</i> | | | | | | | |
| 14 FINANCING <i>(REQUESTING AGENCY - WHEN SERVICED BY NFC)</i> | | | | | | | | | | | | | | | |
| AGENCY CODE | FUND CODE | ACCT. STATION | ACCOUNTING CLASSIFICATION | | | | | | | | OBJECT CLASS | AMOUNT | | | |
| | | | A | B | C | D | E | | | | | | | | |
| 2 | 2 | 4 | 5 | 10 | 5 | 3 | 4 | 1 | 4 | 1 | 2 | 4 | 9 | 2 | |
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| | | | | | | | | | | | | | | | |
| 15 FINANCING <i>(PERFORMING AGENCY)</i> | | | | | | | | | | | | | | | |
| AGENCY CODE | FUND CODE | ACCT. STATION | ACCOUNTING CLASSIFICATION | | | | | | | | OBJECT CLASS | AMOUNT | | | |
| | | | A | B | C | D | E | | | | | | | | |
| 2 | 2 | 4 | 5 | 10 | 5 | 3 | 4 | 1 | 4 | 1 | 2 | 4 | 9 | 2 | |
| | | | | | | | | | | | | | | | |
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| 16 LEAVE FACTOR (3) (2) | | 17 FICA FACTOR (3) (2) | | 18 OVERHEAD FACTOR (3) (2) | | | | | | | | | | | |
| 19 REQUESTING AGENCY APPROVAL | | | | | | | | 20 PERFORMING AGENCY APPROVAL | | | | | | | |
| SIGNATURE | | | | | | DATE | | SIGNATURE | | | | | | DATE | |
| TITLE | | | | | | | | TITLE | | | | | | | |
| PERSON TO CONTACT | | PHONE <i>(Area Code and No.)</i> | | FTS | COMM | PERSON TO CONTACT | | PHONE <i>(Area Code and No.)</i> | | FTS | COMM | | | | |

INSTRUCTIONS FOR FORM AD-672 (Revised)

1. **AGREEMENT NUMBER** - Enter the Performing Agency's Agreement Number - Enter up to 25 Positions Alpha/Numeric, First 6 Positions must be:

1 - 2 - Agency Code
3 - 4 - Fund Code
5 - 6 - Fiscal Year
2. **FISCAL YEAR** - Enter 4 Positions, e.g. 1984.
3. **ESTIMATED AMOUNT** - Enter up to \$999,999,999.99; omit commas and decimal point.
4. **AGENCY BILLING INDICATOR** - Enter 1, 2, 3, or 4.

1 - Requesting Agency is an agency serviced by NFC's MISC system
2 - Requesting Agency is a Government Agency. Bill SF 1081
3 - Requesting Agency is a Government Agency. Bill SF 1080
4 - Requesting Agency is other than Federal Government. Bill AD-631
5. **TRANSACTION CODE** - Enter 0, 1, 2, A, B, C

0 - Revenue - Government
1 - Refund - Government
2 - Reimbursement - Government
A - Revenue - Public
B - Refund - Public
C - Reimbursement - Public
6. **ACTION CODE** - Enter 1, 2, 3, or 4

1 - Add New Agreement
2 - Change Existing Agreement
3 - Delete Existing Agreement
4 - Issue Bill for Method of Payment upon demand or upon completion of work
7. **NAME AND ADDRESS OF REQUESTING AGENCY**

Name (32 positions)
1st Line Address (32 positions)
2nd Line Address (32 positions)
City (21 positions)
State (2 positions)
Zip Code (9 positions)
8. **NAME AND ADDRESS OF PERFORMING AGENCY** - Same as item number seven.
9. **SERVICES TO BE PERFORMED** - Enter brief narrative.
10. **LIST REFERENCES FOR CORRESPONDENCE** - Enter reference data that the Requesting Agency requires for Correspondence or Billing (e.g., Requesting Agency Agreement Number) or Authority for Agreement (e.g., Public Law 97-212).
11. **DURATION OF AGREEMENT EFFECTIVE DATE** - Enter month, day, year.

CONTINUING THROUGH - Enter month, day, year.
12. **METHOD OF PAYMENT**

BILLING FREQUENCY - Enter 0, 1, 2, 3, 4, or 5

0 - Immediately
1 - Monthly
2 - Quarterly
3 - Semi-annually
4 - Upon completion of work
5 - Upon demand

TYPE OF ACCOUNT

0 - Transfer of Appropriation Account
1 - Consolidated Working Fund
13. **FINANCING (Requesting Agency - When NOT serviced by NFC)** - Complete this block only when the requesting agency does not participate in the Central Accounting System processed by the USDA's National Finance Center.
14. **FINANCING (Requesting Agency - When serviced by NFC)** - Complete this block only when the requesting agency does participate in the Central Accounting System processed by the USDA's National Finance Center.

Agency Code - Enter 2-digit NFC assigned agency code.

Fund Code - Enter 2-digit NFC assigned fund code.

Accounting Station - Enter assigned accounting station code.

Accounting Classification Code - Enter accounting classification code of requesting agency.

Object Class - Self explanatory.

Amount - Enter the estimated agreement amount allowable to each accounting classification code.
15. **FINANCING (Performing Agency)** - Enter agency code, fund code, accounting station, accounting classification code, object class, and amount as stated in 14 above. Accounting codes used in this agreement cannot be duplicated in any other agreement number.
16. **LEAVE FACTOR** - If leave is to be considered in billing the Requesting Agency for services, enter the leave factor. Enter 10.6% as 010/60 or 10/6.
17. **FICA FACTOR** - If FICA taxes paid are to be considered in billing the Requesting Agency for services, enter the FICA factor. Enter 6.85% as 006/85 or 6/85.
18. **OVERHEAD FACTOR** - If overhead is to be considered in billing the Requesting Agency for services, enter the overhead factor. Enter 18% as 018/00 or 18/0.
19. **APPROVAL FOR REQUESTING AGENCY** - Self explanatory.
20. **APPROVAL FOR PERFORMING AGENCY** - Self explanatory.